

STATEMENT OF ECONOMIC INTERESTS

FILED

Date Received
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MAR 31 2011

COVER PAGE

Please type or print in ink.

2011 APR -4 PM 3:37

KATHLEEN WILLIAMS.

PLUMAS CO. CLERK

(d)(5)

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

DEPUTY

Simpson

Lori

Ann

1. Office, Agency, or Court

Agency Name

Plumas County Board of Supervisors

Division, Board, Department, District, if applicable

District 4

Your Position

Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency:

Plumas Children Families Commission

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of

Plumas

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Assuming Office: Date _____

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

Date Signed

March 30, 2011
(month, day, year)

Signature

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Lori Simpson</u>
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► NAME OF SOURCE
High Sierra Music Festival

ADDRESS (Business Address Acceptable)
P.O. Box 99529 Emeryville CA 94602

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Concert Promoters

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 3, 10</u>	<u>\$100.00</u>	<u>2 PASSES</u>
	\$	
	\$	

► NAME OF SOURCE
PARS Public Agency Retirement Services

ADDRESS (Business Address Acceptable)
4350 Von Karman Avenue Suite 100 Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Presentation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6, 2, 10</u>	<u>\$60.00</u>	<u>Dinner</u>
	\$	
	\$	

► NAME OF SOURCE
Quincy Soroptimists

ADDRESS (Business Address Acceptable)
Quincy, CA 95971

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Service Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 11, 10</u>	<u>\$75.00</u>	<u>won gift basket (gardening)</u>
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: _____